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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/649,599
Filing Date	March 17, 2004
First Named Inventor	Anke Gasche
Art Unit	Unk.
Examiner Name	Unk.
Attorney Docket Number	1209.003

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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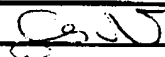
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Anke Gasche		
Date	12/20/2006	Telephone	4322433160

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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**OR**

☐ Firm or  
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Signature

Name

Anke Gasche

Date

Telephone

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